MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/549410 APPLICANT(S)

PILING DATE 9-13-05

CI	LΑ	IR	ЛS

	AS FILED AFTER		AFTER 12° AMENDMENT		as filed		AFTER 1° AMENDMENT		AFTER	
	IND. DEP.	IND. DEP.	IND. DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1				51						
2	} 	╢╌┈═		52				ļ		
3	25	<u> </u>	} 	53 54	╟╴╶┪			}	 	 -
<u> </u>	2-	 		55	├──┤		}	 	}	
6	2-			56						
7	2- 2- 2-			57						
8	2	-		58						
9		 		59	<u> </u>					
10	1~	╫╼╼╌┼		60						
11	1 -	╢╼╼╌╂	} 	61						<u> </u>
13		╢═╼╌┟╌╼╼┤	 	63	-					
14	12			64						
15	2.			65						
16	1-			66						
17		∄╼──╂─ ──┤		67	 	[]				
18		{ 	 	68						
20	12	╢╼═┪		69 70						
21	1 1 1 -			71						
22	10			72						
23	14			73						
20	10			74]				
25	1 8	<u> </u>		75						
26 27	1 -	∦		76 77		 (}				
28	11-	<u> </u>		78						
29	15			79						
30	1-			80						
31	15			81						
32	1-			82					إ	
33				83 84		}				
34 35	- 	┟ ╶ ╾┈╏╼╌┈┤		85		 }				
36	- t	{ }		86						
37				87						
38-		· ·		88					·	
39-				89			`			
40	 }	 	 ∤	90		}		}		
42		╟╼╼═╂╼╼══┤		91		╼╼╢	∤			
43		╟╼╼═┪		93		 				
84				94			i			
45				95						
46				96						
47		<u> </u>		97						
48	_	[98			∤		∤	
<u>49</u> 50		 		100						
DTAL DID	3 0	Û	立	TOTAL IND		む		む		₽
		┝─┤╭╮╟		 				رِّبُ <u>ا</u>		(5
TOTAL	39 7			TOTAL DEP	<u> </u>					<u></u>
CLAENS /	764			CLAIMS					8	O MANUFOLD AND